

Maryland Community Health Resources Commission

Preparing for Reform: Health Care 2020 Summit

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Creation of Maryland Community Health Resources Commission (CHRC)

- The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 (HB 627/SB 775) to expand access to health care for low-income Marylanders and underserved communities in the state and bolster Maryland's health care safety net infrastructure.
- HB 627/SB 775 (2005) set forth broad policymaking functions for the Commission:
 - Identify a “medical home” for every Marylander;
 - Develop access to specialty care networks for uninsured and low-income Marylanders;
 - Reduce non-emergent visits to Maryland hospital EDs and establish “reverse-referral” programs; and
 - Develop a common HIT platform for community health centers.

CHRC Grants: Supporting Projects that make an Impact and are Sustainable

- Over the last 5 years, the Commission has awarded 78 grants totaling approximately \$21.6 million. As shown in the table below, these 78 grants/programs have provided services for more than 94,000 patients, resulting in more than 288,000 patient visits.

Maryland Community Health Resources Commission				
Focus Area	# of Projects Funded	Total Award Provided	Cumulative Total	
			Patients Seen/Enrolled	Visits Provided
Expanding Access to Primary Care at Maryland's safety net providers	22	\$5,621,112	36,216	113,902
Increasing Access to Dental Care for Low-income Marylanders	17	\$4,009,428	33,250	76,159
Addressing Infant Mortality	10	\$2,137,047	2,401	13,731
Reducing health care costs through ER Diversions	6	\$1,994,327	13,454	24,702
Promoting Health Information Technology at community health centers	7	\$2,963,035	Health Information Technology	
Providing Access to Mental Health and Drug Treatment Services	10	\$2,545,757	3,989	23,028
Addressing health care needs of Co-Occurring Individuals	7	\$2,364,737	4,702	37,063
Total Grant Funding Provided	78	\$21,635,443	94,012	288,585
Total Funding Requested	333	\$112,029,230		
Number of Patients Served/Enrolled	94,012			
Number of Patients Visits/Services Provided	288,585			
Additional federal and private resources leveraged	37	\$8,949,507		

CHRC Grants: *Supporting the Priorities of the Administration and DHMH*

- The Commission's FY 2012 Request for Proposals (RFP) targeted the following areas:
 - (1) Reducing Infant Mortality rates;
 - (2) Expanding Pediatric Dental Care access;
 - (3) Integrating Behavioral Health in the community;
 - (4) Increasing Primary Care capacity; and
 - (5) Investing in Health Information Technology.

- The Commission received 103 Letters of Intent requesting \$33.9 million in grant support for the FY 2012 RFP.

CHRC's Policymaking Function

- **Grants are the means, not the end. The end is to:**
 - **Develop interconnected systems of care; and**
 - **Fund innovative projects that illuminate the path to systematic/statewide reform;**
- **The Reform Coordinating Council tapped the CHRC to conduct these activities:**
 - (1) As directed in Delegate Hubbard's and Senator Middleton's legislation last year (HB 450/SB 514), develop a "business plan" outlining how the state and CHRC would technical assistance and support to safety net providers; and**
 - (2) Assist in the creation of Local Health Implementation Plans, as DHMH develops the State Health Improvement Process.**

Improving Access to Health Care with Volunteer Providers

- Delays in CHRC grant funded projects are often related to recruitment of primary care, dental and behavioral health care providers.
- Many grantees and other organizations in underserved communities utilize volunteer providers to provide primary care and other services.
- A CHRC survey of four safety net organizations found that there were more than 380 volunteer medical providers serving at these four locations (December, 2010).
 - Volunteer providers included primary care physicians, nurse practitioners, RNs, dentists, dental hygienists, physician assistants, and a number of physician specialists such as cardiologists, endocrinologists, and podiatrists.

Medical Liability Coverage and Volunteer Providers

- Organizations in underserved communities have an opportunity to recruit volunteer providers from Maryland resources such as NIH, FDA, Universities and retired providers.
- A primary barrier to having volunteer providers serve at community health organizations is obtaining medical liability coverage. The options for community health organizations to obtain medical liability coverage for volunteers are:
 - **Organization uses limited resources to purchase liability coverage;**
 - **Hospital or another ‘sponsoring’ organization extends its medical liability coverage for employees that volunteer;**
 - **Private providers carry-over their coverage when volunteering their services; and**
 - **Federal Tort Claims Act (available for volunteers at free-clinics only).**

Medical Liability Coverage and Volunteer Providers, ctd.

- Coverage under the Federal Tort Claims Act (FTCA) is provided to employees of Federally Qualified Health Centers (FQHCs) and volunteers at “free clinics.”
 - Volunteer providers at FQHCs are not eligible for FTCA; and
 - Volunteer Specialists at free-clinics are not eligible for FTCA.
- As a condition of FTCA coverage, free clinics are prohibited from charging services on a sliding fee scale, billing Medicaid or third-party payors, which is tantamount to requiring the free clinic (if they wish to gain FTCA coverage for volunteers) to rely on grant funding, rather than billing Medicaid or other third-party payors.
- This trade-off or prohibition on billing for services rendered may compromise long-term sustainability of free clinics as the state proceeds with reform implementation.

Access Carroll, Inc.

- Access Carroll, Inc is a free clinic that has served more than 24,000 low-income, uninsured residents of Carroll County since opening in 2005. Services include:
 - Primary Care;
 - Lab and radiology services;
 - Medication assistance;
 - Specialty referrals; and
 - Dental Services.
- The majority of Access Carroll's providers are volunteers who donate on average more than 7,000 hours of service annually. Volunteers include:
 - Primary Care Physicians;
 - Dentists;
 - Mid-level providers (CRNP, PA-C); and
 - Nurses.
- Access Carroll's providers (52) are covered under FTCA or carry-over private practice coverage.
 - Cannot provide specialty services on-site with FTCA, which is problematic for retired specialists who would like to volunteer.
 - Cannot charge for any services. This hinders fundraising efforts through foundations/grant making bodies who seek to support sustainable programs.
 - Would cost Access Carroll approximately \$450,000 annually to purchase coverage for its volunteer providers.

Models of Medical Liability Coverage and Volunteers

- **Maryland Volunteer Professional Corps**
 - For volunteer health care providers and other professionals ready to assist in emergency and disaster situations, in Maryland and elsewhere.
 - While volunteering, providers are treated like employees of the state for coverage and workers compensation, and are immune from personal liability.
 - Program administered under DHMH.
- **Montgomery County Medical Volunteers Program**
 - Montgomery County provides professional liability coverage for volunteer physicians, nurses and other health care providers while providing services at a clinic participating in a Montgomery County Health Program (i.e. Montgomery Cares, Care for Kids, immunizations clinics)
 - Similar to FTCA, volunteer providers are treated like employees of Montgomery County for coverage.
 - Program established in 1978, funded by the County Council annually.

Models of Medical Liability Coverage and Volunteers

- **Florida's Access to Health Care Act (1992)**
 - **Incentivizes volunteerism among health care providers through sovereign immunity protection.**
 - **Since 1992 the program has attracted approximately 9,000 health care providers, donating \$1.1 billion in services.**
 - **Costs Florida approximately \$755,000 annually for program operation, and less than \$900,000 in legal fees since 1992.**
 - **For every \$1 spent on legal fees by the state, \$1,276 has been donated in goods and services through this program.**

(Geletko, K.W., et al., Reducing the Impact of the Health Care Access Crisis Through Volunteerism: A Means, Not an End", American Journal of Public Health, July 2009, V 99, No. 7).